



Acupuncture & Integrative Healing

Informed Consent Agreement

Practitioner: Stacey Whitcomb, Licensed Acupuncturist

By signing the following page, I do hereby request and voluntarily consent to the performance of acupuncture treatments and other procedures within the scope of practice of acupuncture on me (or on the patient named, for whom I am legally responsible) by the acupuncturist named above.

I understand that acupuncturists practicing in the state of Idaho are not primary care providers, and that regular primary care by a licensed medical provider is recommended by Emergency Responders Health Center. I understand that methods of treatment may include, but are not limited to, acupuncture, cupping, Gua sha, electrical stimulation, Tui-Na (Chinese massage), Chinese herbal medicine, nutritional counseling, and Qi Gong.

ADVERSE EVENTS and RISKS: Acupuncture involves the insertion and stimulation of fine, sterile, single-use needles through the skin. Acupuncture is considered a generally safe method of treatment. Treatments can occasionally produce a mild but temporary discomfort, achiness, tingling or soreness at the acupuncture site. Treatments can also cause slight bleeding and may occasionally leave a non-painful bruise at the acupuncture site. Other possible risks from acupuncture include dizziness and fainting. I agree to come to each session having eaten within the past 2 hours, and I will report to my Licensed Acupuncturist any dizziness or light-headedness that occurs during or after an acupuncture treatment. Extremely rare risks of acupuncture include nerve irritation, organ puncture, pneumothorax and infection. These risks have an extremely low incidence, especially when acupuncture is administered by a Licensed Acupuncturist.

CONTRAINDICATIONS: Contraindications for acupuncture treatment and certain herbs may include a history of a bleeding disorder or current anticoagulant therapy; an implanted pacemaker or prosthetic heart valve; use of certain medications; or pregnancy. I will inform my practitioner if any of the above apply to me at any time. I will also inform my Licensed Acupuncturist of any and all medications I am using.

TRADITIONAL CHINESE HERBAL MEDICINE: Chinese herbs have been used safely for centuries. Infrequently, one may experience digestive upset or other reactions to herbs such as rashes, hives and tingling of the tongue. If I experience any discomforts related to the use of any herbs I am prescribed, I understand that I should stop using the herbs and that I am responsible for informing my Licensed Acupuncturist of my symptoms. Some herbs may be inappropriate during pregnancy or breastfeeding. I accept full responsibility to inform my practitioner immediately if I am pregnant or breastfeeding, or if I am attempting to conceive or suspect I may be pregnant. With all herbal treatments, I agree to follow the prescribed dosage and administration guidelines given to me by my acupuncturist. I will inform my practitioner if I am taking any medications, or if there are any changes in my medications, before any herbal treatment is initiated.

HEAT TREATMENT (TDP Lamp): The TDP lamp is a specific electromagnetic lamp that produces far-infrared (below visible light) emissions. The lamp is used to increase microcirculation, loosen fascia and muscles, relieve menstrual cramping and pain, and to accelerate the natural healing processes of the body. Every precaution is taken to prevent over-warming, but the rare possibility of burns exists.

CUPPING: Cupping is a traditional Chinese therapy technique that involves placing glass, ceramic, bamboo or plastic cups on the skin and using heat or negative pressure to create suction. The use of heat causes the air inside the cup to expand and create a vacuum, which pulls the skin and underlying tissue into the cup. Cupping promotes blood flow, reduces pain and inflammation, and promotes relaxation. It is often used for conditions such as back pain, respiratory infections, and digestive issues. Cupping often creates painless bruising marks on the skin. There is also a rare risk of burning and scarring, and uncommon occurrences of blisters that are not burn-related.

Informed Consent Agreement Continued

GUA SHA: Gua Sha is translated as “scraping” or “rubbing.” A smooth-edged instrument (often a Chinese soup spoon) is used to gently scrape the skin. This treatment is useful to release fascial restrictions, but is also used to resolve a common cold. This therapy often results in bruising, which is not painful and typically resolves in 3 to 7 days.

ELECTRO-ACUPUNCTURE: A mild electric micro-current (similar to a TENS treatment) may be used to stimulate the acupuncture points. During electro-acupuncture, a mild tingling or tapping sensation will be felt during treatments. Occasionally, a mild achiness or soreness will be felt at the areas treated, for up to one day after the treatment. I understand that I must inform my practitioner if I am using a pacemaker, or have any heart or neurological condition, prior to undergoing this treatment.

ACUPRESSURE and MASSAGE: Acupressure and massage are used to reduce or prevent pain, and to normalize the body’s physiological functions. I will inform my Licensed Acupuncturist of any areas of injury or extreme discomfort, as well as any areas where I have had surgery, prior to any massage. I understand that there may be muscle soreness or achiness as well as the possible aggravation of symptoms that existed prior to the treatment, which may occur during or after massage.

I understand that ERHC clinical and administrative staff may review my patient records and lab records, but all of my records will be kept confidential and will not be released without my written consent.

Patients who are pregnant, have a pacemaker or heart condition, have a seizure disorder, or those with a bleeding disorder or taking blood thinners should discuss this with the acupuncturist before proceeding with acupuncture. I understand that there may be other treatment alternatives, including treatment offered by a licensed medical provider, as Stacey Whitcomb LAc is not a primary care physician.

By voluntarily signing below, I show that I have read, or have had read to me, the above consent to treatment, have been told about the risks and benefits of acupuncture and other procedures, and have had an opportunity to ask questions. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

_____ Patient Name	_____ Date of Birth
_____ Patient Signature	_____ Today’s Date
_____ Patient’s Legal Guardian Name (if patient is a minor)	_____ Relationship
_____ Patient’s Legal Guardian Signature	_____ Today’s Date

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